

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039011

**Entity Name:** COFIXN LLC

**Current Principal Place of Business:**

1833 SE 2ND TERRACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1833 SE 2ND TERRACE  
CAPE CORAL, FL 33990

**FEI Number:** 45-1360186

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOLYARD, NORMA L  
1833 SE 2ND TERRACE  
CAPE CORAL, FL 33990 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM, PRESIDENT, COO, CFO, CEO  
Name BOLYARD, NORMA L  
Address 1833 SE 2ND TERRACE  
City-State-Zip: CAPE CORAL FL 33990

Title MANAGER  
Name BOLYARD, JOSEPH  
Address 1833 SE 2ND TERRACE  
City-State-Zip: CAPE CORAL FL 33990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMA BOLYARD

CFO

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date